

Clinical Aspects of the Warrior Care and Transition Program

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Status of DTM 08-033 Implementation



- Policies and processes established to care for WII Service Members
 - MEDCOM Policy 09-11, Comprehensive Transition Plan (CTP) Policy
- Supplemental Regulations
 - MEDCOM Policy 10-33, Risk Assessment and Mitigation
 - OPORD 07-55, MEDCOM Implementation of the Army Medical Action Plan, Annex K, Warrior In Transition Program Standards
 - DA EXORD 118-07, Healing Warriors, FRAGOs 3 & 4, Clarification of WTU Entry and Exit Criteria

Case Management Core Competencies



- Appropriately screens cases based on standard selection criteria, severity of illness and utilization concerns
- Completes comprehensive assessment of assigned cases
- Appropriately identifies problems or opportunities that would benefit from case management intervention.
- Identifies short, intermediate and long term needs and develops a patient centered plan of care with the patient and/or Family based on factual information.
- Facilitates coordination, communication and collaboration to achieve goals and maximize outcomes
- Employs ongoing assessment and documentation; reviews responses of the patient and Family to the plan of care and coordination to identify trends that may provide opportunities for improvements
- Maximizes health, wellness, safety, adaptation and self care
- Demonstrates that outcomes are addressing patient and program goals
- Understands concepts of utilization management and disease management
- Appropriately terminates case management services

Key Tasks to Achieve Competency



- Medical Management fundamentals
 - Utilization Management/Disease Management/Referral Management
- Case Management Standards
- Case Management Process
- Discharge Planning
- Coordination
- Communication
- Collaboration
- Coding
- Documentation
- Strategies for successful management of Behavior Health patients
- Milliman/McKesson
- Profiles
- Workman's Compensation
- Population Health Portal Tools
- Motivational interviewing
- TBI/PTSD
- Physical Disability Evaluation System
- Traumatic Serviceman's Group Life Insurance
- TRICARE
- Code of Conduct
- Communication Skills
- Family/Caregiver support
- Dealing with difficult people/situations (conflict resolution)
- Effective problem solving
- Evidenced Based Practice/Clinical Practice Guidelines
- Patient Centered Medical Home
- Warrior Transition Unit
- Pain Management
- Care Plan Development
- Goal Setting/ACEP
- Healthcare/Life Skills coaching
- Provider resiliency

Education and Training



- Education
 - 100% Registered Nurses
 - Case Management Certification
 - Incorporating into standardized job description
 - Incentive specialty pay available for military nurse case managers with case management certification
- Training
 - MHS Learn Modules
 - Warrior Transition Unit Cadre Orientation Course
 - Unit level competency based orientation program
 - 6E-SIM9, Nursing Case Management
 - Primary Care Management Course in development

Continuing Education and Training Opportunities



- Monthly video teleconferences with Regional Nurse Case Managers
- Monthly medical management audio calls augmented with Defense Connect On-Line technology for all case managers
- Monthly Primary Care Manager audio calls with Warrior Transition Command Surgeon
- Warrior Transition Command Annual Training Conference clinical tracks with CME/CE credit
- DoD/VA Case Management Conference in conjunction with Case Management Society of America Conference
- Web enabled tools

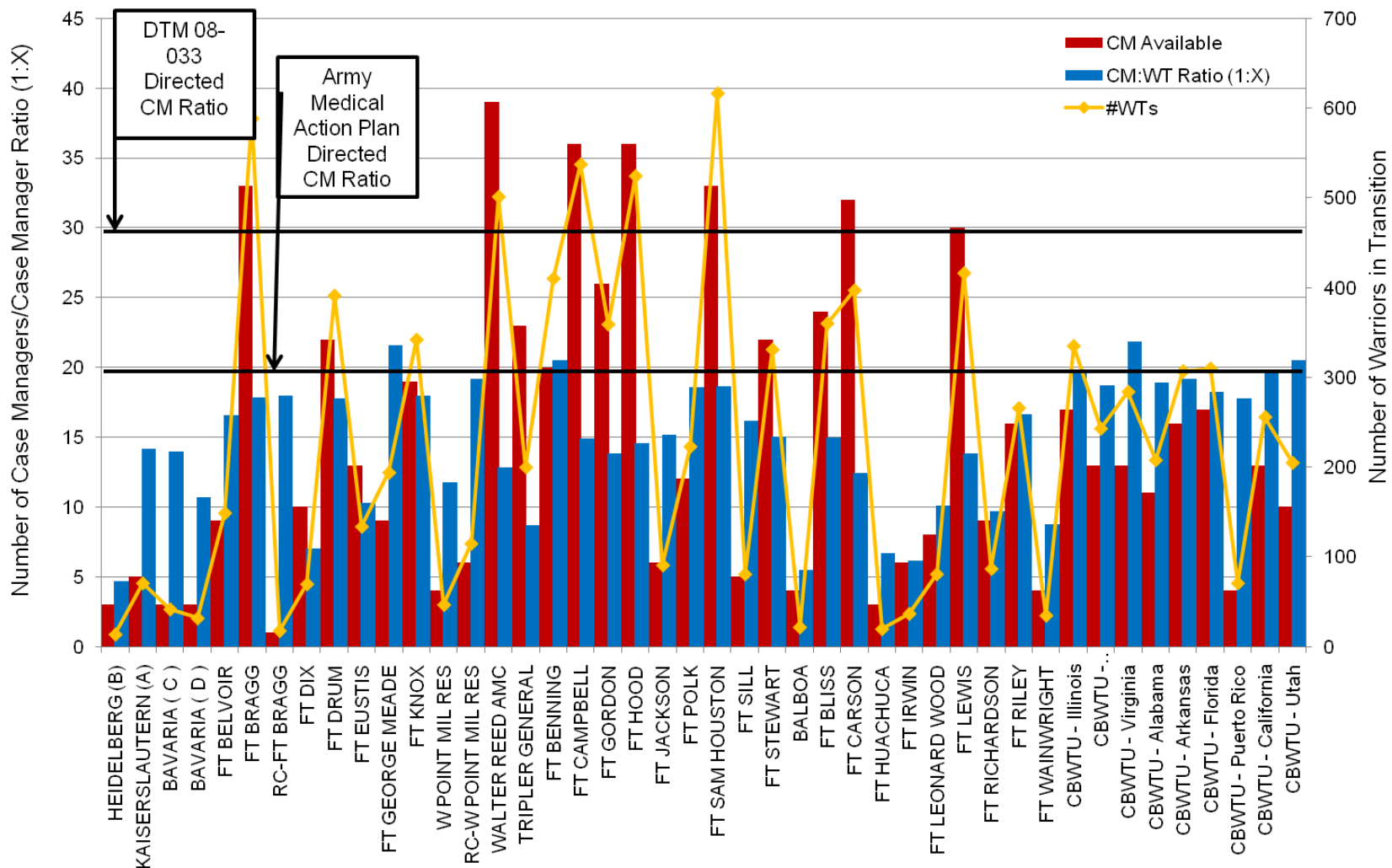
Performance Measures



- Completion of required training
 - Army Training Requirements and Resources System (ATRRS)
 - Military Health System (MHS) – Learn
- # Patients receiving case management services
 - Medical Operational Data System (MODS)
 - G1 Weekly Warrior report
 - Regional monthly evaluation of length of stay
- Targeted review during Organization Inspection Program visits

Case Management Ratios

MODS Data Pull (as of 14 Feb 11)



Clinical OIP Checklist



TASK		STANDARD	REFERENCES	NA	Not MET	Partially Met	MET	DISCUSSION / RECOMMENDATION
2.1	Clinical assessments are initiated within 24 hours and completed within 72 hours of arrival to the WTU	2.1.a	Initial intake assessment is documented within 24 hours in AHLTA					METHODOLOGY: Direct observation and/or Document review
		2.1.b	PCM assessments are initiated within 24 hours and completed to include documentation within 72 hours of arrival to the WTU					METHODOLOGY: Direct observation, PCM interview and/or Document review
		2.1.c	NCM assessments are initiated within 24 hours and completed to include documentation within 72 hours of arrival to the WTU					METHODOLOGY: Direct observation, NCM interviews and/or Document review
		2.1.d	SW/Behavioral Health Intake – Psychosocial History and Assessment (BHI-PHA) given to WT on the first working day of inprocessing at WTU.					METHODOLOGY: Review at least 3 records/company in AHLTA, SW interviews and/or Direct observation.
		2.1.e	TBI screen is completed within 72 hours					METHODOLOGY: Direct observation and/or Document review
		2.1.f	Occupational Therapist (OT) will complete initial assessment as soon as possible but NLT 14 duty days.					METHODOLOGY: Direct observation, OT interview, and/or Document review
		2.1.g	Appointment for comprehensive SW behavioral health psychosocial assessment scheduled / completed within 5 working days of WT arrival at WTU.					METHODOLOGY: Review at least 3 records/company in AHLTA, SW interviews.
			WTU SW: Case complexity					METHODOLOGY: Review at least 3 records/company

Case Management Data Capture



- Facilitated by standardized documentation process
- Developed standardized AIM Form
- Directed Army-wide use by all nursing case managers beginning 1 November 2010
- Provides communication link between administrative personnel, WTU Triad members and clinical team members
- Provides explicit directions on workload and acuity capture for standardized metrics measurement

Standardized Case Management AIM Form



HPI | Past History | Active Duty | Military Hx | Pediatric | Behavioral Health | PHQ-9 | Wellness | ROS | Care Plan | Closure | Instructions | Help | Outline View

**Case Mgmt
AMEDD 101215**

Reason for this Visit

☒ Reason for visit - CCP or Case Mgmt at top

CCP
Case Mgmt
Initial Visit
Follow-up Encounter
Closure Summary
T-Con
WTU/CBWTU Intake
WTU/CBWTU Transfer

☐ Vocation (Include MOS for Army - AFSC for AF or NEC for Navy)

Functioning activity level

Ability to do job:

☒ Contacts

List of Contacts:
Y/N - OK to leave a Voice Msg for patient?
1.
2.

Source of Information

☒ Patient
☒ Another person
☐ Reliability of source

Referral Information

☒ Referred here from:

☒ Enter Background Information

Background Information -
Line of Duty (LOD) -
TBI Screening Done -
Rear detachment info:

☒ Visit is Deployment related
☒ Operation Iraqi Freedom
☒ Operation Enduring Freedom (Afghanistan)
☒ Trauma - IED

☒ Reviewed Medication Hx

Home medication list (to include OTC, herbals, and nutritional supplements) was reviewed with the patient.
1.
2.
3.

☒ Health insurance coverage (Include Effective dates)

Effective dates

Medicare A
Medicare B
Number
Effective A & B
TRICARE Prime
TRICARE Prime Remote
TRICARE Standard
TRICARE for Life
Medicaid
Number:

Terms in BLUE must be addressed at every Encounter

Press Ctrl-Enter to add a new line within a text field

AIM Form – WT Specific Data



HPI | Past History | **Active Duty** | Military Hx | Pediatric | Behavioral Health | PHQ-9 | Wellness | ROS | Care Plan | Closure | Instructions | Help | Outline View

Risk Assessment

Risk Assessment
Current Status: G/A/R/B - _/_/_
Previous Status: G/A/R/B

Change communicated to PCM Y / N
to SW Y / N
to Command Y / N

Risk Assessment:
G: Green / A: Amber / R: Red / B: Black

CTP updated and reviewed

Comprehensive Treatment Plan updated and reviewed.
Plan signed by NCM and soldier. Added to chart _/_/_

Evaluation and Management Services

C/C notified - Y/N
Squad Leader escorts to appointments - Y/N
Command concurs with risk assessment and plan - Y/N

Transition Review Board

Dr. Services Special Review / Reporting Of Patient Status

Onset

TRB (Transition Review Board)
Due:
Scheduled:
Conducted:
Results:

Profile

Onset

Physical Profile
effective date for Permanent Profile
Temporary Profile - Expires: / /
P U L H E S
1 1 1 1 1 1

Soldier's Goals

MMRB Started

Onset

SM Goal: MMRB
Initiated
Narrative summary completed on: _/_/_
Commander's memo required/done: _/_/_
Reviewed
Concur
To PEB
Appeal

MEB Started

Onset

Initiated date: _/_/_
Reviewed _/_/_
Concur
Proposed surgeries while in MEB process? Y / N
If yes: Has procedure been reviewed and approved by DCCS? Y / N
Procedure/surgery approved Y / N
To PEB
Packet submitted to MEB/PEB

PEB Started

Onset

PEB Started:
Appeal
Concur
Packet submitted to MEB/PEBLO: _/_/_
Appeal

What are the WT's Goals for Rehab?

WT Goal: Rehab / Optimization

Initiative training
SM Goal: Goal setting skills

Prevocational assessment - Identify / Select work opportunities

Can contribute to mission

Can / Can not contribute to mission of unit or rear detachment if deployed.
Will require 6 + months medical care.

Medical Treatment Plan (PCM)

Patient reports pain in the back

Y N Back pain

AIM Form – Care Plan



HPI | Past History | Active Duty | Military Hx | Pediatric | Behavioral Health | PHQ-9 | Wellness | ROS | **Care Plan** | Closure | Instructions | Help | Outline View

Nursing Care Plan - Patient Goal Oriented

1) Problem
 . Goal
 . Intervention
 . Review

2) Problem
 . Goal
 . Intervention
 . Review

3) Problem
 . Goal
 . Intervention
 . Review

Nursing Care Plan - Cont'd

continued.

Use this continuation if Nursing Care Plan exceeds 2000 characters

☒ ☐ **Plan of Care Reviewed and Agreed to by Patient**

☒ ☐ Follow-up Appointments made

Family Involvement

☒ CP reviewed with Family Member

. CP reviewed with Family Member who verbalized or demonstrated understanding.

. Telephone conference with Family Member.

☐ Provided Educational material

. Educational material emailed/faxed to Family Member

☒ ☐ **Go to ER if worse**

. Patient has been instructed to seek urgent/emergent care for any acute medical/ behavioral needs or concerns.

☐ Hospital admission

☐ Diagnostics Tests

: None
 MRI
 Labs
 CT

Press Ctrl-Enter to add a new line within a text field

AIM Form – Instructions



HPI	Past History	Active Duty	Military Hx	Pediatric	Behavioral Health	PHQ-9	Wellness	RDS	Care Plan	Closure	Instructions	Help	Outlin
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Instructions for Copy & Paste - Printing

1. Print a copy of the Care Plan for the Patient using a MS Word document prepared for each patient.
 - a. At completion of the Encounter - click 'Close' under the menu bar.
 - b. Then click and drag with the mouse to hi-lite the Plan of Care from the Current Encounter screen.
 - c. Press 'Ctrl-C' to copy the text.
 - d. Open the Word document template and paste the text using 'Ctrl-V' or Edit-Paste.

Required Codes

1. The first time a Patient is seen by a new case manager - use the following codes: 1) V49.89_2 (CM Start); 2) EM 99499; and 3) the appropriate 'G' acuity code.
2. For each subsequent reporting period for that patient and Case Manager - use the following codes:
 - 1) V49.89_3 (CM Continue); 2) E/M 99499; and 3) the appropriate 'G' acuity code.
3. Case Management services will be reported monthly between the 1st and 5th business day of the month.
4. When the Patient ends case management with the current Case Manager - use the following codes:
 - 1) V49.89_4 (CM End); 2) E/M 99499; and 3) the appropriate 'G' acuity code
5. All Soldiers in CM formally designated as Wounded Warriors require an additional code of V70.5_G.
6. If Patient returns after services are ended - simply begin the reporting process again by using the Start V-Code.

Enter Codes using the 'Case Mgmt-ENC' AHLTA Encounter template - All of the following codes are included there

1. Each Encounter requires a Diagnosis code in the A/P section.
 - a. From A/P section - click on the 'Diagnosis' tab and search for V49.89.
 - b. Open the tree under Conditions influencing Health Status V49.9 (click the +).
 - c. Hi-lite Other specified conditions influencing Health Status V49.89. and click Add to Favorite List buttons. (After this step you can click the Favorites List button to select the code.)
 - d. Click the Add to Encounter button.
 - e. This displays a list of DOD Specific Extenders. The Primary Diagnosis will be further identified by 'Start' - 'Continue' - or 'End'. Choose the appropriate extender.
2. Add one of the G-Code Acuity Levels as a Monthly Acuity Note :
 - a. G9002 -1 Follow up less than 1 time per week
 - b. G9005 -2 Coordinate follow-up with 2 or more interventions/services 3-4 times a month
 - c. G9009 -3 Coordinate follow-up with 4 or more interventions/services - 1-2 times a week - less than 30 minutes each session
 - d. G9010 -4 Coordinate follow-up with 6 or more interventions/services - 3 times a week - less than 30 minutes each session
 - e. G9011 -5 Requires complex interventions from case manager, a follow-up at a minimum of 3 times a week - greater than 30 minutes each session.
3. If V70.5_G is required - search for this code and select 'Visit for: military services physical V70.5'.
 - a. Click the Add to Encounter button.
 - b. Locate V70_ G / GWOT / Wounded Warriors' and click OK.

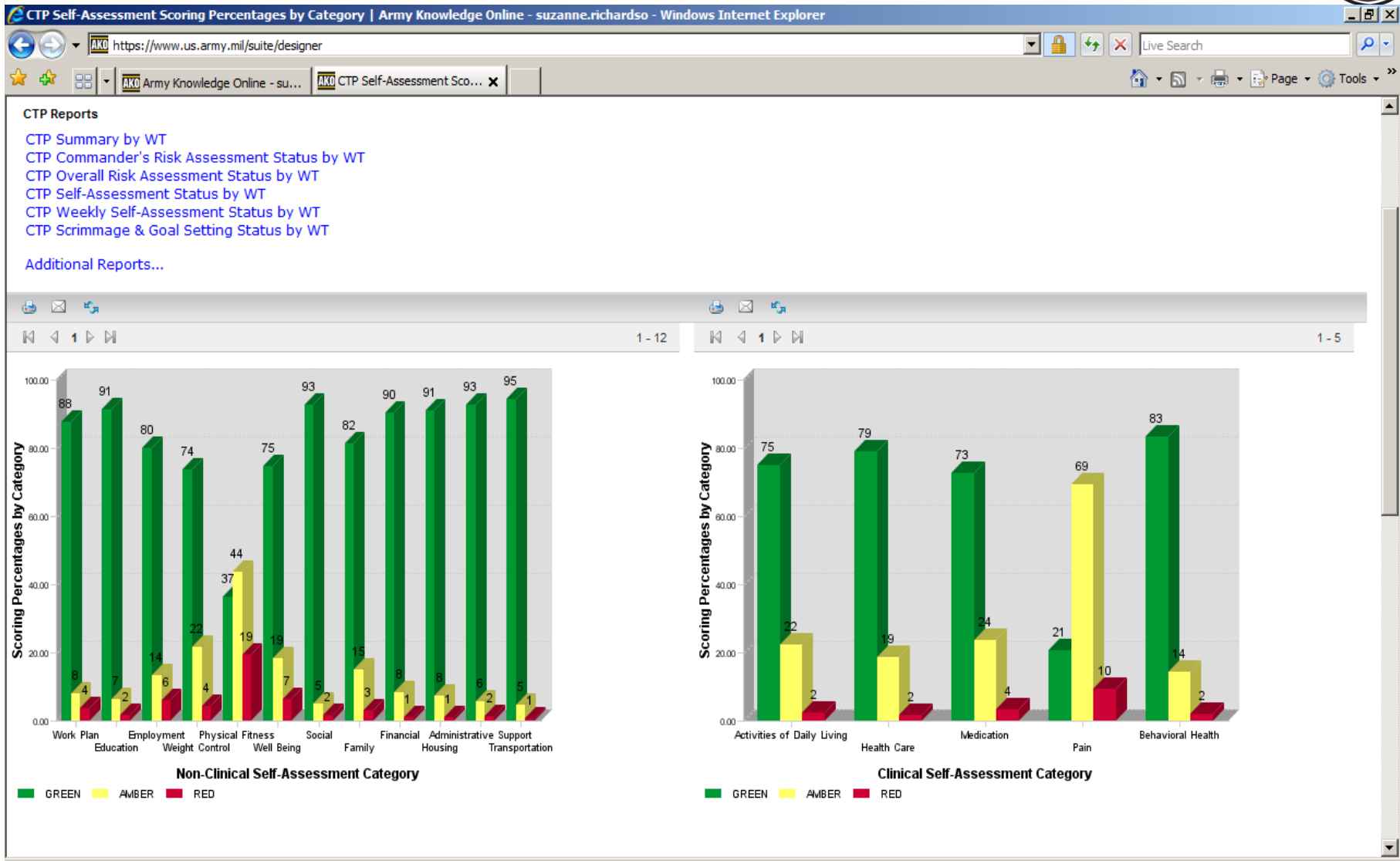
Coding Guidelines source: MHS Coding Guidelines
Appendix E (Coding Case Management Services)

Outcomes Measures



- Monthly monitoring of length of stay by individual Warrior at WTU, Regional and WTC levels
- Analysis of length of stay, return to the force rates and utilization of direct and purchased care.
- Identification of Case Management sensitive outcomes ongoing
- Warrior status reviews using automated CTP (aCTP) tools and reports

Automated CTP Reports Macro-Level Review



Automated CTP Reports Micro-Level Analysis



CTP Overall Risk Assessment Status by WT | Army Knowledge Online - suzanne.richardson (CAC Sess - Windows Internet Explorer)

https://www.us.army.mil/suite/designer

Live Search

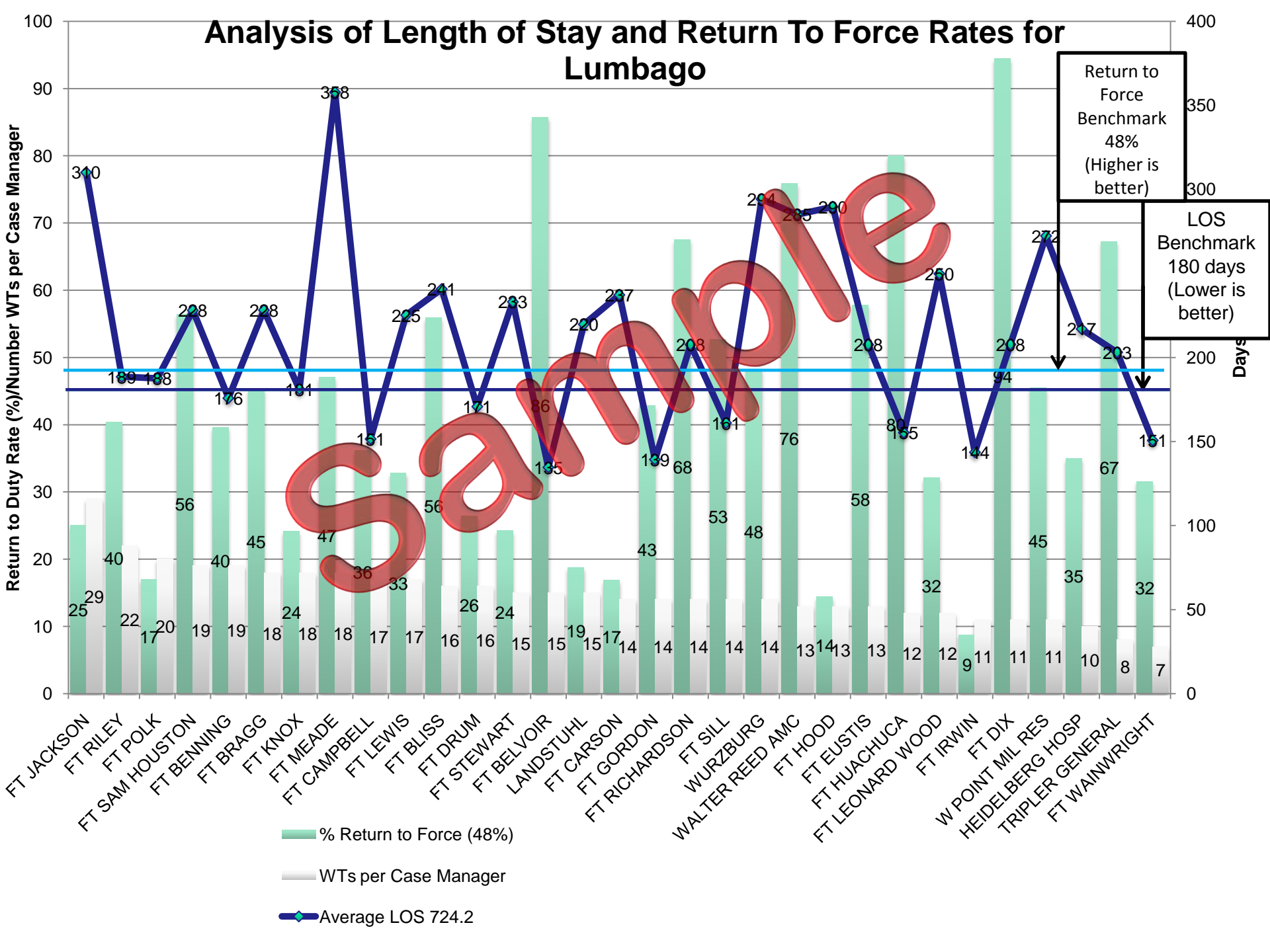
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WT	RMC	WTU	Assignment	RA Issue Date	Last Updated	Commander	NCM	PCM	SL	SW	Most Recent RA Issue Date	
				Feb 14, 2011 3:14 PM	Feb 18, 2011 7:08 PM	█	█	□	█	□	Feb 14, 2011 3:14 PM	View
				Feb 15, 2011 1:52 PM	Feb 18, 2011 7:07 PM	█	█	□	█	□	Feb 15, 2011 1:52 PM	View
				Feb 14, 2011 5:37 PM	Feb 18, 2011 7:07 PM	█	█	█	█	█	Feb 14, 2011 5:37 PM	View
				Feb 2, 2011 4:01 PM	Feb 18, 2011 7:07 PM	█	█	□	█	□	Feb 2, 2011 4:01 PM	View
				Feb 14, 2011 3:11 PM	Feb 18, 2011 7:06 PM	█	█	□	█	□	Feb 14, 2011 3:11 PM	View
				Feb 18, 2011 6:56 PM	Feb 18, 2011 7:05 PM	□	█	□	□	□	Feb 18, 2011 6:56 PM	View
				Feb 14, 2011 3:39 PM	Feb 18, 2011 7:03 PM	█	█	█	█	□	Feb 14, 2011 3:39 PM	View
				Feb 14, 2011 2:18 AM	Feb 18, 2011 6:57 PM	█	█	█	█	█	Feb 14, 2011 2:18 AM	View
				Feb 14, 2011 11:39 PM	Feb 18, 2011 6:56 PM	□	█	□	█	█	Feb 14, 2011 11:39 PM	View
				Feb 14, 2011 2:30 AM	Feb 18, 2011 6:55 PM	█	█	█	█	█	Feb 14, 2011 2:30 AM	View
				Feb 14, 2011 11:01 PM	Feb 18, 2011 6:54 PM	█	█	█	█	█	Feb 14, 2011 11:01 PM	View
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				Feb 12, 2011 8:48 PM	Feb 18, 2011 6:44 PM	□	█	□	█	█	Feb 12, 2011 8:48 PM	View
				Feb 15, 2011 9:16 PM	Feb 18, 2011 6:44 PM	□	█	□	█	□	Feb 15, 2011 9:16 PM	View
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				Feb 15, 2011 8:40 PM	Feb 18, 2011 6:41 PM	□	█	□	█	█	Feb 15, 2011 8:40 PM	View

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Start | Internet Explorer | EXS... | Inb... | WR... | Mic... | VNC... | OP... | IBM... | FW... | OSD... | CTP... | CTP... | Pow... | 11R... | 2:10 PM

Analysis of Length of Stay and Return To Force Rates for Lumbago



15 MIN BREAK

Followed By

WTC/WTU/MEDCOM Services
for TBI and PTSD